

BAY AREA RAPID TRANSIT DISTRICT

RETIREMENT / TERMINAL LEAVE NOTIFICATION

Instructions: To process your retirement, please provide the following information and send it to the address shown below. ***Terminal Leave is optional and applies to full-time AFSCME, BPMA and Non-Represented employees.*** Individuals not eligible for Terminal Leave should skip Sections II and III. **Please send a copy of this document to your immediate supervisor and the original to the Benefits Office.**

Employee Name: _____

Employee Id Number: _____

Union (Select one): ☐ AFSCME ☐ ATU ☐ BPMA ☐ BPOA ☐ Non-Rep ☐ SEIU

I Retirement Type (Select only one)

- ☐ Disability Retirement
☐ Service Retirement

II Terminal Leave (Optional)

Applies only to full-time AFSCME, BPMA, and Non-Represented employees.

Terminal Leave Begin Date: _____

Terminal Leave End Date: _____

III Leave Balances (Optional)

While not required, it is advised to have Benefits confirm your payable time while on Terminal Leave by having them complete the table below prior to submitting this document to the address below.

Paid Time As Of: _____	Amount		Amount
Accrued Vacation (No maximum):		Banked Vacation (No maximum):	
Statutory Holidays (Earned and paid while you are on Terminal Leave):		Banked Holidays (No maximum):	
Floating Holidays (If eligible):		Compensatory Time (If eligible):	

IV Last Day on Payroll

Last Day on Payroll: _____

V First Day of Retirement

First Day of Retirement: _____

Employee Signature

Date Signed

Benefits Signature

Date Signed

Mailing Address: BART Benefits, 300 Lakeside Drive, 20th Floor, Oakland, CA 94612



VI Action / Reason Code Section – To be completed by HRIS

- ☐ Terminal Leave Begins¹: _____ ☐ Retirement²: _____
- ☐ Initiate Security Request Form

HRIS Signature

Date Received

Date Entered

VII To be completed by Time and Labor – To be completed when employee begins Terminal Leave.

- ☐ Set Rule Element 4 (TLV) ☐ Clear TCD Group
- ☐ Run Terminal Leave Balance Transfer
- ☐ Transfer to Terminal Leave Bank **TLCTC** _____ **Hours** **TLHLD** _____ **Days**
- ☐ Schedule Assignment Adjustment Original: _____ Changed: _____
- ☐ Mass Time Reporting (Circle) **TLVN** / **TLVE** From Date: _____ To Date: _____
- ☐ Adhoc Time Administration Process ☐ Approve Time

Time and Labor Signature

Date Received

Date Entered

VIII Tuition Reimbursement – To be used by Performance & Learning

Brief Explanation: _____

Amount Owed: \$ _____

P&L Representative – Performance & Learning

Date Received

IX Additional Pay Adjustments – To be completed by Payroll once the employee retires.

Additional Pay Type	End Date	Additional Pay Type	End Date

- ☐ Inactivate all employee General Deductions

Payroll Signature

Date Received

Date Entered

¹ Action / Reason only applies to full-time individuals in the AFSCME, BPMA, or Non-Represented employee groups. Effective date can be found on Page 1 Section II.

² Effective date for Action / Reason Terminal Leave can be found on Page 1 Section V.